



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

MINUTES OF THE MEETING OF THE MEDICAL SERVICES BOARD

303 East 17th Avenue, 7th Floor Conference Room
October 9, 2015

1. Call to Order

Brenda LaCombe called the meeting to order at 9:05 a.m.

2. Roll Call

The Board Coordinator called the roll. There were sufficient members for a quorum, with ten members participating and one member excused. Dr. Young participated by telephone conference call.

A. Members Present

Christy Blakely; Patricia Givens; Bregitta Hughes; Jessica Kuhns; Brenda LaCombe; Paul Melinkovich; Amanda Moorer; David Potts; Donna Roberts; and Mary Trujillo-Young.

B. Members Excused

Mike Stahl

C. Staff Present

Gretchen Hammer, Medicaid Director, Deputy Executive Director; Jennifer Weaver, First Assistant Attorney General; Judi Carey, MSB Coordinator; and Dan Hutchinson, Staff Support

3. Announcements

Ms. LaCombe announced that the next Medical Services Board Meeting will be held in the 7th floor conference room at 303 East 17th Avenue in Denver on Friday, July 11th at 9:00 a.m.

It is the policy of this Board and the Department to remind everyone in attendance that this facility is private property. The capacity of the meeting room is 80. Please do not block the doors or stand around the edges of the room. Please turn cell phones off while in the meeting room, as they interfere with the recording equipment.



4. Approval of Minutes

Dr. Melinkovich moved for the approval of the September minutes. The motion was seconded by Ms. Roberts. There were no comments and the minutes were approved as submitted, 9:0.

Ms. LaCombe announced that Dr. Young had joined the meeting.

5. Rules

D. FINAL PERMANENT ADOPTION BY CONSENT AGENDA

1) Document 01 MSB 15-07-08-D

Revision to the Medical Assistance Health Information Office Eligibility Rule Concerning Long-Term Care Medical Eligibility, Section 8.100.7

Dr. Melinkovich moved for the final permanent adoption by consent of Document 01. The motion was seconded by Ms. Hughes.

The Board voted for the final permanent adoption by consent of Document 01, 10:0.

E. FINAL PERMANENT ADOPTION AGEDA

1) Document 02 MSB 15-06-16-A

Revision to the Medical Assistance Home and Community Based Services for Community Mental Health Supports, Section 8.509.15, Home and Community Based Services for Persons with Brain Injury, Section 8.515.3, and Home and Community Based Services for Persons with a Spinal Cord Injury, Section 8.517.2

Ms. Blakely moved for the final permanent adoption of Document 02. The motion was seconded by Ms. Roberts. Cassandra Keller and Colin Laughlin, Long-Term Services and Supports HCBS Benefits Unit, presented the proposed rule and explained that it provides for the transition from the International Classification of Disease version 9 to International Classification of Disease version 10.

Board Discussion

There was no board discussion on Document 02.

Public Testimony

There was no public testimony on Document 02.

The Board voted for the final permanent adoption of Document 02, 10:1.



F. INITIAL APPROVAL AGENDA

1) Document 03 MSB 15-08-25-A

Revision to the Medical Assistance Payment Reform Rule Concerning Federally Qualified Health Centers, Section 8.700

Ms. Roberts moved for the initial approval of Document 03. The motion was seconded by Ms. Hughes. Zabrina Perry and Kevin Martin, Finance Office Payment Reform Section, presented the proposed rule and explained that it clarifies that the definition of a billable visit means a face-to-face, one-on-one encounter and that it also revises the incorporation by reference language to bring it in line with Department standards.

Board Discussion

Board discussion and questions included: that reimbursement for visits in group settings is included in the encounter rate; that the encounter rate will be raised slightly; that clarifying language for group visit reimbursement is outlined later in the rule; that this methodology may incentivize more individual visits when a group visit would suffice; that the reimbursement structure in this section of rule is clear without reviewing additional rule sections; that the FQHCs are paid for group visits through their encounter rate, but cannot bill separately for the group visit; that this method is intended to incentivize a more complete care program for clients; that board members appreciate that Department staff worked with stakeholders on this rule change; that the Behavioral Health Organizations (BHOs) are reimbursed differently through their contracts with the Department; that the Department intends to begin robust conversations on payment reform; that this is the time to begin discussions on entities being paid for alternative forms of services, such as group education, group well child visits, etc.; that encouraging this kind of innovation would be beneficial to both clients and the Department; and that many strategies to help with prevention are done very well in group settings.

Public Testimony

Alice Gibbs, Colorado Community Health Network (CCHN)

Public testimony included: that stakeholders have been working with the Department on this rule as well as general payment structures; that there are no concerns with this specific rule because it is a clarification of current practice; and that, moving forward, stakeholders would like payments to reflect all additional services that are provided by FQHCs.

The Board voted for the initial approval of Document 03, 10:0



2) Document 04 MSB 15-01-13-A

Revision to the Medical Assistance Long Term Services and Supports Rule Concerning Children's Home and Community Based Services Waiver, Section 8.506

Ms. Blakely moved for the initial approval of Document 05. The motion was seconded by Ms. Roberts. Candace Bailey, Long-Term Services and Supports HCBS Benefits Section, presented the proposed rule and explained that it clarifies and updates out-of-date language and changes the eligibility requirement for receiving an SSI denial letter.

Board Discussion

Board discussion and questions included: that removing the requirement that clients get an SSI denial letter is very positive; that the evaluation tool is currently being updated; that, due to the work of updating the tool, a lot of specific language has been removed; that the result of removing this specific language will be that not every change to the tool will require rule-making; that the rule requires case managers to use a Department-prescribed evaluation tool; that, due to eligibility criteria, some children are being enrolled in the Buy-In program, which requires they pay a copay; that this is a concern of the Department and work is being done on this in the context of the larger waiver simplification plan; that this process can't be changed at this time because there is no other process with which to replace it; that the Department agrees that the inequities between the waiver program and the Buy-In program must be corrected; that 1200 children are served by this waiver and care must be taken to ensure there are no unintended consequences for them; the Department is performing a careful and thoughtful process and are engaging with a wide number of stakeholders to think through the best approach; that there is no one currently on a wait list for this waiver; that when someone who meets the eligibility criteria applies, they get on the waiver; that there are also other waiver choices; that it is a requirement that all clients receive one case management contact per month; that the requirement that a care plan be completed was duplicative, time consuming, and unnecessary and, therefore, removed from the rule; that it would be beneficial if all hospitals could receive information on all waiver programs to better assist potential clients; and that the majority of the language in the rule is specific to our state.

Public Testimony

There was no public testimony on Document 04.

The Board voted for the initial approval of Document 04, 10:0.



G. Consent Agenda Motion

Dr. Melinkovich moved to include Documents 03 and 04 on the final permanent adoption by consent agenda. The motion was seconded by Ms. Roberts and approved, 10:0.

H. Closing Motion

Ms. Moorer moved to close the rules portion of the agenda. The motion was seconded by Ms. Roberts and approved, 10:0.

6. Open Comments

No one signed up for public comment in the open forum.

7. Department Updates

- HB 1293 Hospital Provider Fee Update – Nancy Dolson, Special Financing Division
- Simultaneous Eligibility Update – Marivel Klueckman, Eligibility Division
- Long-Term Services and Supports Office Update – Colin Laughlin, Long-Term Services and Supports Division
- Department Updates/Questions – Gretchen Hammer, Medicaid Director, Deputy Executive Director

8. The meeting was adjourned at 11:25 a.m.

The next scheduled meeting of the Medical Services Board is at 9:00 a.m. on Friday, November 13, 2015 in the 7th floor conference room at 303 East 17th Avenue, Denver, CO.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303-866-4416 or judith.carey@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

